

## Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

Fill in	Reporting Period dates: Beginning Date: 4/1	File with: City or Town Clerk of Election Commis
Tyres	-445	127/18 Ending Date: 6/14/18 RECFIVED
	of Report: (Check one) day preceding preliminary   8th day preceding election	30 day after election  year-end report dissolution
	Candidate Full Name (if applicable)	One Ipswich Committee Name
	Office Sought and District	PO BOX 420 Towns I MA 0.00
E-mail:	Residential Address	Committee Mailing Address  E-mail:
Phone # (o	optional):	Phone # (optional):
	SUMMARY BALANC	CE INFORMATION:
	Line 1: Ending Balance from previous report	#3,448.17
	Line 2: Total receipts this period (page 3, line 11)	496.50
	Line 3: Subtotal (line 1 plus line 2)	3,944.67
	Line 4: Total expenditures this period (page 5, line	e 14) 3,594.25
	Line 5: Ending Balance (line 3 minus line 4)	#350.42
	Line 6: Total in-kind contributions this period (pag	ge 6) O
	Line 7: Total (all) outstanding liabilities (page 7)	0
	Line 8: Name of bank(s) used: Institution	n for Savings.
ertify that I ivity, inclu ance activit	Committee Treasurer:  I have examined this report including attached schedules and it is, to the best of uding all contributions, loans, receipts, expenditures, disbursements, in-kind corrivy of all persons acting under the authority or on behalf of this committee in according to the penalties of perjury:	of my knowledge and belief, a true and complete statement of all campaign finance outributions and liabilities for this reporting period and represents the campaign occordance with the requirements of M.G.L. c. 55.
	DIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 box of	(Treasurer's signature) Date: 6/13/18
Candida I certify the activity, o	that I have examined this report including	pest of my knowledge and belief, a true and complete statement of all campaign for
Candidat I certify the finance ac	te without Committee OR Candidate with independent activity filing separ hat I have examined this report including attached schedules and it is, to the bes ctivity, including contributions, loans, receipts, expenditures, disbursements, in- finance activity of all persons acting under the authority or on behalf of this co	est of my knowledge and belief, a true and complete statement of all complete
	the penalties of perjury:	

## SCHEDULE A: RECEIPTS

M.G.L. c. 55 requires that the name and residential address be reported, in alphabetical order, for all receipts over \$50 in a calendar year. Committees must keep detailed accounts and records of all receipts, but need only itemize those receipts over \$50. In addition, the occupation and employer must be reported for all persons who contribute \$200 or more in a calendar year.

(A "Schedule A: Receipts" attachment is available to complete, print and attach to this report, if additional pages are required to report all receipts. Please include your committee name and a page number on each page.)

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
4/30/18	Boynton, Al 41 High St.	*300	Information Technology at Thomas Renters.
the server and the se			
e 9: Total Receipts ov	er \$50 (or listed above)	* 300	
e 10: Total Receipts \$5	00 and under* (not listed above)	* 196.50	
	PTS IN THE PERIOD	\$ 496.50	Enter on page 1, line 2

If you have itemized receipts of \$50 and under, include them in line 9. Line 10 should include only those receipts not itemized above.

## SCHEDULE B: EXPENDITURES

M.G.L. c. 55 requires committees to list, in alphabetical order, all expenditures over \$50 in a reporting period. Committees must keep detailed accounts and records of all expenditures, but need only itemize those over \$50. Expenditures \$50 and under may be added together, from committee records, and reported on line 13.

(A "Schedule B: Expenditures" attachment is available to complete, print and attach to this report, if additional pages are required to report all expenditures. Please include your committee name and a page nu

report all expen	ditures. Please include your com	mittee name and a page number of	en to this report, if additional p	ages are require
Date Paid	To Whom Paid (alphabetical listing)	Address		
5/24/18	Kirkwood Direct	904 Main St. Wilmington, MA 01887	Purpose of Expenditure  Hailer	#/,282
5/11/18	Joanna Cooper	317 High St. Ipswich, MA 01938	Postage for Mailer	#1,163.0
5/11/18	Rachel Roesler	20 Spillers Lane Ipswich, MA 01938	Haiter Postage	#986.15
5/13/18	Rachel Rueskr	20 Spilkers Low Ipswich, MA 01938	Data Collection Software	*163.05
			2	
			-0	
	Li	ine 12: Total Expenditures over \$	3594.25	
	Li	ne 13: Total Expenditures \$50 an	d under* (not listed above)	
you have itemized	Enter on page 1, line $4 \rightarrow \text{Li}$ d expenditures of \$50 and under, in	ne 14: TOTAL EXPENDITUR	ES IN THE PERIOD	3594.25

<sup>\*</sup> If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized